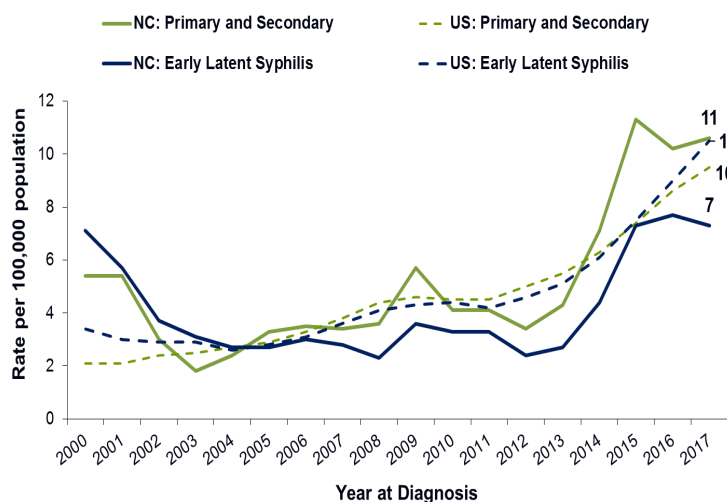


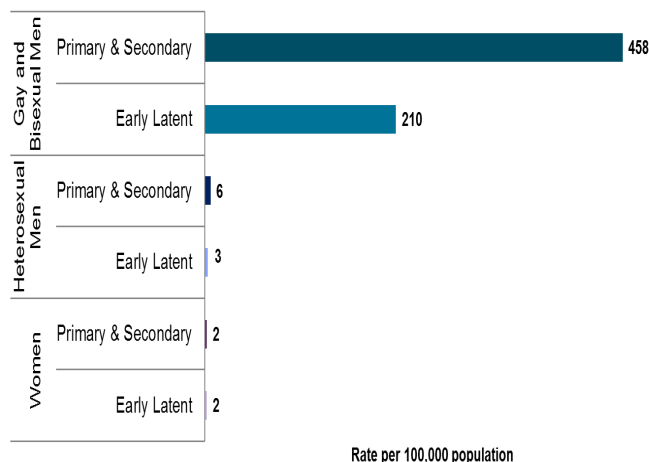
# Early Syphilis Infections in North Carolina, 2017

Rates of syphilis have been increasing both in North Carolina and in the US

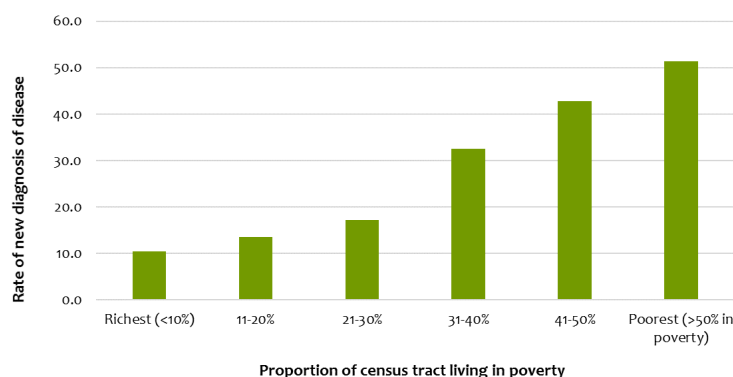


- Gay, bisexual, and other men who have sex with men experience higher rates of syphilis than other groups in NC and nationally.
- Though rates among women are low, they continue to increase among women and infants; 23 congenital syphilis cases in 2017, up from 18 in 2016 (refer to: [NC congenital syphilis fact sheet](#)). When untreated, syphilis during pregnancy can lead to miscarriages, stillbirths and birth defects.
- Among men diagnosed with syphilis, 47% are co-infected with HIV. Though there is less co-infection among women, 4% were co-infected in 2017.

## Early Syphilis Rates by Risk, 2017



## Early Syphilis Diagnoses by Poverty Indicator, 2017



Syphilis rates are highest among people living in the most impoverished neighborhoods.

People living in impoverished areas often have less access to resources, including health resources. This can increase the potential for transmission to others.

## Want More Information?

**HIV/STD Facts and Figures website:**  
<https://epi.publichealth.nc.gov/cd/stds/figures.html>

**Centers for Disease Control and Prevention (CDC) Fact Sheet on Syphilis:**  
<https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>

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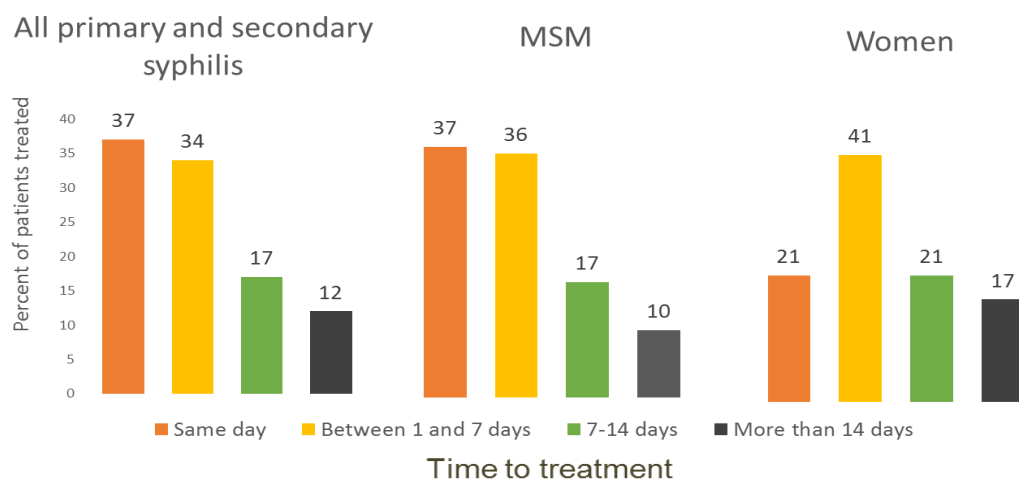
Created by the HIV/STD/  
 Hepatitis Surveillance Unit,  
 Communicable Disease Branch  
 11/6/2018

# Syphilis Infections in North Carolina, 2017

**Most people are treated within 2 weeks of their syphilis diagnosis**

**However, only 20-40% of those with symptoms are treated on the day they are seen**

- Decreasing time from symptom onset to treatment for people with symptomatic syphilis will decrease transmission.
- People with symptoms of syphilis or exposure to someone with infectious syphilis should be treated right away, without waiting for laboratory results.
- In 2017, fewer than half of people who presented with symptoms of syphilis were treated on the same day; 12% were not treated until more than 14 days after diagnosis.



## What CLINICIANS can do

- Assess patients for HIV/STD risk factors during every visit.
- Screen all syphilis patients for other STDs, including HIV.
- Immediately treat any patient with signs/symptoms of infectious syphilis, without waiting for test results. (CDC resource: <https://www.cdc.gov/std/training/picturecards.htm>).
- Ensure that ALL pregnant women receive full syphilis screening (first prenatal visit, between 28-30 weeks gestation, and at delivery).
  - ◊ Many babies with congenital syphilis in 2016 were born to mothers who received some, but not all, of the recommended screening tests.
  - ◊ Testing for syphilis during first and third trimesters allows the mother to be treated prior to birth and can prevent congenital syphilis
  - ◊ Testing at delivery ensures that all potential congenital syphilis infections are identified and treated appropriately.
- For other resources, visit the National Coalition for Sexual Health compendium (resource in sidebar).

## What YOU can do

- If you are sexually active make sure your care provider is offering you regular testing for all STDs.
- If you have had a change in your vision and are sexually active, mention syphilis to your clinician.
- If you are diagnosed with syphilis, notify your sexual partners of the need to seek testing and treatment.



### Recommendations from the CDC 2015 STD Treatment Guidelines:

- Penicillin G is the preferred drug for treating people in all stages of syphilis.
- If allergic to penicillin, non-pregnant patients can be treated with doxycycline, while pregnant women must be desensitized to and then treated with penicillin.
- Preparation, dose, and length of treatment depends on the stage and clinical manifestations of syphilis.
- People with HIV and primary or secondary syphilis should be evaluated for response to treatment at 3, 6, 9, 12, and 24 months after treatment.

### National Coalition for Sexual Health Resources for Healthcare Providers:

<https://nationalcoalitionforsexualhealth.org/tools-for-healthcare-providers/compendium-of-sexual-reproductive-health-resources-for-healthcare-providers>

### Data Source:

North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 28, 2018).

Created by the HIV/STD/Hepatitis Surveillance Unit, Communicable Disease Branch  
11/6/2018